## STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office
1. NAME OF COMMITTEE (in	(Check if name Example: If typying, type full) X is changed) over the lines	Office use only  12FE4M5
Leadership fo	r American Opportunity	
ADDRESS (number and	street) 499 South Capitol Street, SW	
(Check if address	Suite 422	
is changed)	Washington	DC 20003 - 1
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one e-mail address)	
(Check if addressis changed)	wgriffith@politicaldg.com	
<b>.</b>		
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)		
2. DATE 0.5		
3. FEC IDENTIFICA	TION NUMBER C C00456913	
4. IS THIS STATEM	NEW (N) OR AMENDED (A)	
I certify that I have exam	ned this Statement and to the best of my knowledge and belief it is true, correct ar	nd complete
Type or Print Name of	Treasurer Randall Broz	
Signature of Treasure	Electronically Filed by Randall Broz	Date 05 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa	lse, erroneous, or incomplete information may subject the person signing this State  ANY CHANGE IN INFORMATION SHOULD BE REPORTED N	•
Office Use Only	For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	